

Exhibit "C"
to Affidavit of Nettie Burks
Psychological Interview/Data Entry Form
dated May 22, 1996

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: WRIGHT, RICHARD AIS #: 187140 R/S: B/M
 Date: 5 / 22 / 96 DOB: 8 / 15 / 67 AGE: 28
 Beta II 96 WAIS / / / WRAT-RL 7.2 Last School 12
 MMPI Welsh Code 4+8765'3920-1: Megargee Type F-4/K:

General Appearance

- ☐ a. Neat and generally appropriate ☐ c. Flat or avoiding interaction
☐ b. Poorly groomed ☐ d. Sad or worried
☒ e. Other (No fSI)
(EYES OFF CENTER)

I. Interpersonal Functioning

- ☐ a. Normal-good relationships likely ☐ d. Lacks skill or confidence
☐ b. Withdrawn / apparent loner ☐ e. Probably difficult to get along with
☐ c. Likely to ignore rights / needs *Other (Specify) 1. 2.
3. 4. 1 5. 6. (See Copy)

II. Personality

- ☐ a. Healthy ☒ d. Explosive
☐ b. Antisocial ☐ e. Dependent
☐ c. Paranoid ☐ f. Passive-Aggressive
 Other (Specify): 1. Schizoid 2. Schizotypal 3. Histrionic 4. Narcissistic
5. Borderline 6. Avoidant 7. Compulsive 8. Atypical/mixed
9. See Copy (Write in your wording)

III. Substance Abuse

- ☒ a. Alcohol addiction / abuse history ADMITTED TO EXCESSIVE
USE W/ ONSET OF MARITAL PROBLEMS IN
1993.
☐ b. Drug addiction / abuse history

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White to Central Records File
 Yellow to Institutional File
 Pink to Hospital Records

*See manual for selections and numbers for "other"

- _____ c. Current use _____

_____ d. Current addiction _____

*Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
_____ 9. (See Copy) _____

IV. Emotional Status

- _____ a. No significant problems
_____ b. Depressed *Reactive*

_____ c. Anxious or stressful _____

_____ d. Angry or resentful _____

_____ e. Confusion or psychotic symptoms *None*

_____ f. Mood disturbances _____
_____ g. Sexual maladjustment _____
_____ h. Paranoid ideation *REACTIVE*

_____ i. Sleep / appetite disorder _____

*Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. *xx* 6. _____ 7. _____ 8. _____
xx 9. (See Copy) *Reactive not psychosis*

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V. Mental Deficiency

- | | |
|-------------------|---------------------------------------|
| _____ a. Mild | _____ d. Borderline |
| _____ b. Moderate | _____ e. Organic impairment suspected |
| _____ c. Severe | _____ f. Memory deficit |

Remarks: _____

Ideation

Plans

History of attempts / gestures

c. Impulsive / acting-out behaviors predicted

d. Authority conflict

e. Manipulative / untrustworthy

f. Easily victimized

g. Escape potential

h. Assaultiveness

*Other

1

2

3

4.

5

6

7

8

9. (See Copy)

a. ABE

b. Special Education

_c. Trade School

 d. Jr. College

Date referred Month _____ Year _____

A. Refer to psychiatric service

_____ C. Depression

____ K. Personal Development

B. Substance abuse counseling

____ E. Sexual adjustment

D. Stress management

 G. Anger induced acting out

F. Reality therapy

____ I. Self-concept enhancement

H. Values clarification

____ J. Healthy use of leisure

RECOMMENDATIONS / REMARKS:

Signature

Date _____